



**NOTICE OF TRANSFER/MODIFICATION OF COVERAGE UNDER
(NDPDES) GENERAL PERMIT FOR STORM WATER DISCHARGES
ASSOCIATED WITH CONSTRUCTION ACTIVITY (NDR10-0000)**

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 54242 (02/10)

For Dept. Use Only

Date Received: ___/___/___

This form may be used to modify existing permit information for a permitted site. The form also may be used when an owner or operator of a construction project changes (see Part I.F of NDR10-0000). The new owner or operator may implement the original SWPP plan or develop a new SWPP plan. New permittees must ensure either directly or through coordination with others that their SWPP plan will meet the terms and conditions of the permit and will not interfere with another party's SWPP plan.

PERMIT ID NUMBER: NDR10-_____

REASON FOR MODIFICATION:

- ☐ Add Owner ☐ Add Contractor ☐ Remove Contractor
☐ Change from Sole-Permittee to Co-Permittee

MODIFICATION INFORMATION

Company Name	Contact Person (Mr / Ms)	Phone No.	
Mailing Address	City	State/Province	Zip Code

OR:

- ☐ New Owner ☐ New Contractor ☐ Address Change ☐ Company Name Change

OLD INFORMATION

Company Name	Contact Person (Mr / Ms)	Phone No.	
Mailing Address	City	State/Province	Zip Code

NEW INFORMATION

Company Name	Contact Person (Mr / Ms)	Phone No.	
Mailing Address	City	State/Province	Zip Code

OTHER:

☐ New Project Name:

☐ Other:

CERTIFICATION STATEMENT

Return Completed Application to:

North Dakota Department of Health
Division of Water Quality, 4th Floor
918 East Divide Avenue
Bismarck, ND 58501-1947

Telephone: 701.328.5210
Fax: 701.328.5200

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Printed Name

Title

Signature

Date

(Attach additional pages if needed)